

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/549684

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1	1			
3		2	1			
4	1		1			
5	1		1			
6	1		1			
7	1		1			
8	1		1			
9			1			
10			1			
11			1			
12			1			
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TOTAL IND.	1		2			
TOTAL DEP.	21	←	18	←		←
TOTAL CLAIMS	22		20			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.		←			←	←
TOTAL CLAIMS						